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1	IN THE UNITED STATES DISTRICT COURT
	FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
2	Civil Action No. 1:19-cv-00272
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4	MAXWELL KADEL, et al.,
5	Plaintiffs,
6	vs.
7	DALE FOLWELL, in his official
	capacity as State Treasurer of
8	North Carolina, et al.,
9	Defendants.
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13	VIRTUAL ZOOM VIDEOTAPED DEPOSITION OF
	PETER ROBIE, M.D.
14	(Taken by Plaintiffs)
15	Winston-Salem, North Carolina
16	Wednesday, September 22, 2021
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21	Reported by Andrea L. Kingsley, RPR
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center for a long time. We are the biggest center for the poor in the state of North Carolina. I think I mentioned that earlier. So not only an urgent care, minor emergency room setting, but to primary care office, we deal with the issues of diagnosing all kinds of problems, cancer diagnosis, I just did that two days ago, making the appropriate arrangements. So I'm very much a part of the day-to-day medical world is the point I want to make. I just want that to be -- everyone to be aware that I'm in the trenches a lot these days because of COVID treating very sick people.

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Q. Earlier Ms. Ravi was asking questions
about -- I'm going to sneak up here so I can get in
the camera -- Ms. Ravi was asking you questions
about when it's necessary to determine or to confirm
a patient or potential patient's chromosomal sex. I
would like for you talk about as a treating
physician when you're diagnosing a patient, for the
entirety of your career, is it true that it has been
important to know whether the person you are
treating, that person's gender, whether it was
ultimately confirmed on a chromosomal level or not?

A. Well, one issue that comes to mind is heart disease, vascular disease, cardiovascular

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disease. The American Heart Association has five risk factors for vascular disease, heart attacks if you will, male sex, biological male sex, smoking, diabetes, hypertension, high cholesterol, you can also throw in family history in the mix if you want. Obviously, if a trans female comes in and they're biologically male and we don't know that, we might not be preventively treating them for a heart attack because we're not aware their chromosomal sex is male which increases their risk of cardiovascular death. Blood pressure readings and the cholesterol readings for a biological male are stricter given the number of risk factors they have compared to the female.

- Q. Would you agree with the statement that as a physician who has been practicing internal medicine for over 40 years, that part of diagnosing the problems of a patient includes knowing whether that person is biological male or female?
- A. Yes. With regards to cardiovascular disease which is the number one killer in the United States, in terms of preventing that cardiovascular disease, that would be important to know. That's the American Heart Association recommendations.

transgender care. To me the upsetness is equal.

But the plan is trying to be financially solvent.

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When I became a trustee, my goal was not to limit increases in cost, my goal was trying to cut the cost of healthcare for our state workers, especially our teachers, some of these individuals are paying 20, 25 percent of their monthly income on healthcare on the State Health Plan that they choose, and I would like to see the cost go down, not be stationary or go up to cover things like transgender. I'm looking for ways we can do all we can do and reduce the amount of charge to the State Health Plan member. Trying to help our teachers out. I think, again, that gets back to the fiduciary duty, do the best you can to be prudent but to help our state teachers and workers, state workers as much as we can so they get the best healthcare they can without financially really being a burden on them like we are now.

Q. As a board member making the difficult decision that you have to make individually and collectively as a member of the board because the factor of the potential number of State Health Plan members who you can reach with an added benefit, does that factor into your decision making process?